

ACGME Program Requirements for Graduate Medical Education in Sports Medicine

Effective: June, 2000

In addition to complying with the Program Requirements for Residency Education in Family Medicine Geriatric Medicine and Family Medicine Sports Medicine, programs must also comply with the following requirements, which may in some cases exceed the common requirements.

I. Scope and Duration of Training

- I.A. An educational program in sports medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be 12 months in duration.
- I.B. The practice of sports medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise, for example, first-degree sprains, strains, and contusions, including appropriate referrals of, for example, fractures, dislocations, and third-degree sprains. Clinical experience must include injury prevention, preparticipation evaluation, management of acute and chronic illness or injury, and rehabilitation, as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.
- I.C. The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; pharmacology; effects of therapeutic, performance-enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

II. Program Personnel and Resources

II.A. Program Director

The Program Director must be certified in the specialty by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or possess qualifications judged to be acceptable by the RRC. Directors must possess a CAQ in Sports Medicine. The RRC will determine the adequacy of alternate qualifications.

II.B. Faculty

The physician faculty must be certified in the specialty by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or possess qualifications judged to be acceptable by the RRC.

II.C. Teaching Staff

II.C.1. In addition to the program director, each program must have at least one other faculty member with similar qualifications who devotes a substantial portion of professional time to the training program.

II.C.2. The teaching staff must include orthopedic surgeons who are engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, and clinical imaging also should be available to assist in the educational program. Coaches and athletic trainers also should be included.

II.D. Resources

The program must include the following:

II.D.1. Patient Population

A patient population that is unlimited by age or gender and is adequate in number and variety to meet the needs of the training program must be available. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

II.D.2. Sports Medicine Clinic

II.D.2.a) There must be an identifiable clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. The nonsurgical trainees must be supervised by a physician who has qualifications in sports medicine and is certified by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics or Physical Medicine and rehabilitation who possesses suitable equivalent qualifications.

II.D.2.b) Adequate, up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and to organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

II.D.3. Sporting Events/Team Sports/Mass-Participation Events

The program must have access to sporting events, team sports, and mass-participation events during which the resident can have meaningful

patient responsibility.

II.D.4. Acute-Care Facility

There must be an acute-care hospital with a full range of services associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

III. Resident Eligibility Criteria

Residents appointed to the sports medicine programs should have completed an ACGME-accredited residency in emergency medicine, family medicine, internal medicine, pediatrics, or physical medicine and rehabilitation.

IV. Specialty Curriculum

IV.A. The curriculum must provide the educational experiences necessary for the residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

IV.B. Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for all residents. Conferences or seminars/workshops in sports medicine should be specifically designed for the residents to augment the clinical experiences. All educational activities must be adequately supervised, while allowing the resident to assume progressive responsibility for patient care. The clinical activities in sports medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities and in the primary care, emergency medicine, physical medicine and rehabilitation, or ambulatory facility.

IV.C. Residents must spend 1/2 day per week maintaining their skills in their primary specialty.

IV.D. Participation in the following must be required of all residents:

IV.D.1. Preparticipation Evaluation of the Athlete

The program must ensure that all sports medicine residents are involved in the development and conduct of preparticipation examination programs.

IV.D.2. Acute Care

The resident must have appropriate authority and responsibility to participate meaningfully in the medical care that is provided to acute-care patients (see Scope and Duration of Training, above). In addition, the program should arrange for residents to observe - representative in patient and outpatient operative orthopedic procedures.

IV.D.3. Sports Medicine Clinic Experience

IV.D.3.a) The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercise. The resident shall spend at least 1 day per week for 10 months of the training period in this activity.

IV.D.3.b) If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following the hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

IV.D.4. On-Site Sports Care

The resident should participate in planning and implementation of all aspects of medical care at various sporting events. The program must ensure that supervised sports medicine residents provide on-site care and management to participants in these events. In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably, the experience should include several teams that engage in seasonal sports.

IV.D.5. Mass-Participation Sports Events

The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass-participation event. The program must ensure that its residents have experience that includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with local EMS systems, and other medical aspects of those events.

V. Specific Knowledge and Skills

V.A. Clinical

The program must provide educational experiences that enable residents to develop clinical competence in the overall field of sports medicine. The curriculum must include but not be limited to the following content and skill areas:

V.A.1. Anatomy, physiology, and biomechanics of exercise

V.A.2. Basic nutritional principles and their application to exercise

V.A.3. Psychological aspects of exercise, performance, and competition

V.A.4. Guidelines for evaluation prior to participation in exercise and sport

V.A.5. Physical conditioning requirements for various activities

V.A.6. Special considerations related to age, gender, and disability

- V.A.7. Pathology and pathophysiology of illness and injury as they relate to exercise
- V.A.8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems
- V.A.9. Prevention, evaluation, management, and rehabilitation of injuries
- V.A.10. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs
- V.A.11. Promotion of physical fitness and healthy lifestyles
- V.A.12. Functioning as a team physician
- V.A.13. Ethical principles as applied to exercise and sports
- V.A.14. Medical-legal aspects of exercise and sports
- V.A.15. Environmental effects on exercise
- V.A.16. Growth and development related to exercise

V.B. Patient Education/Teaching

The program must provide the experiences necessary for the residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

VI. Certification

Residents who plan to seek certification by the American Board of Emergency Medicine, the Family Practice, the Internal Medicine, the Pediatrics, or the Physical Medicine and Rehabilitation should communicate with the office of the board regarding the full requirements for certification.

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